BUREAU OF VITAL STATISTICS

STATE OF DELAWARE
CERTIFICATE OF DEATH
BOARD OF HEALTH

BIRTH NO. Wicomico STATE FILE NO. 336

1. PLACE OF DEATH
a. COUNTY Delmar, Del.
b. CITY (If outside corporate limits, write RURAL) OR TOWN Rural R.F.D.3
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.F.D.3.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Delmar, Del. b. COUNTY Wicomico, Md.
c. CITY (If outside corporate limits, write RURAL) OR TOWN Rural, R.F.D.3.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Daniel b. (Middle) Adams c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1951

5. SEX Male | 6. COLOR OR RACE Negro | 7a. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 7b. NAME OF HUSBAND OR WIFE Irene Adams

8. DATE OF BIRTH Feb. 20 - 1900

9. AGE (In yrs. last birthday) 50 yrs. | IF UNDER 1 YR. Months 10 Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. | (War or dates of service) Dont know | 16. SOCIAL SECURITY NO. 229-16-9802

17. INFORMANT'S NAME AND ADDRESS Irene Adams R.F.D.3. Delmar, Del.

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. | Interval Between Onset and Death

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(a) CORONARY THROMBOSIS — Interval: Immed.
Due to
(b) AORTIC INSUFFICIENCY — Interval: ?
Due to (Luetic?)
(c) AORTITIS + Coronary artery fatal occlusion

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, if any, giving rise to the above cause (a) stating the UNDERLYING CONDITION last.
023X 30d

II
OTHER SIGNIFICANT CONDITIONS contributing to the death, but not related to the disease or condition causing it. None

Aortitis probably Luetic

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m. | 21e. INJURY OCCURRED While at Work ☐ Not While at Work ☐ | 21f. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1-4, 1951, to 3-16, 1951, that I last saw the deceased alive on 3-13, 1951, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Ernest M. Lawson M.D. | 23b. ADDRESS Delmar, Del. | 23c. DATE SIGNED 3/17/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-20-51 | 24c. NAME OF CEMETERY OR CREMATORY Union Methodist | 24d. LOCATION (City, town, or county) (State) Delmar, Del.

DATE REC'D BY LOCAL REG. March 17, 51 | REGISTRAR'S SIGNATURE Harry E. Hudson | 25. FUNERAL DIRECTOR James Frank Lowe | ADDRESS 100105 Laurel Del.

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY

MARGIN RESERVED FOR BINDING

This is a permanent record. The spaces are arranged for typewriter use. Please fill out with typewriter (except signatures) or write plainly with unfading black ink. Every item of information should be carefully supplied. Age should be stated exactly; if unknown, give approximate age. Physicians should state cause of death in plain terms if possible, so that it may be properly classified. Exact statement of occupation is important and must not be omitted.

MARYLAND STATE DEPARTMENT OF HEALTH

03086

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 1 mo 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) R#2

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) J (Last) Bacon
4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 1/11/1871
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Garfield
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert James
14. MOTHER'S MAIDEN NAME: Matilda Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Hypostatic pneumonia — 2 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) Arteriosclerosis General — 2 yrs.

(c) Arteriosclerotic Cardiovascular disease — 2 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Bronchiectasis — 2 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED Whilo at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26, 1951, to 3/12, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 6.50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel G. Paaz, M.D. Deer's Head State Hosp. Salisbury Md. 3/12/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/14/51
NAME OF CEMETERY OR CREMATORY Baptist Cemetery
LOCATION (City, town, or county) Pocomoke (State) Md

DATE REC'D BY LOCAL REG. 3-15-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

03087

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS in Village

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg
STREET ADDRESS (If rural, give location) in Village

3. NAME OF DECEASED (Type or Print): (First) Leah (Middle) Margaret (Last) Baker

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 51

5. SEX: female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W — 8. DATE OF BIRTH: Feb. 8 1879 — 9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife — 10b. KIND OF BUSINESS OR INDUSTRY: At Home — 11. BIRTHPLACE (State or foreign country): Parsonsburg Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas White — 14. MOTHER'S MAIDEN NAME: Margaret Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs. John W. Baker, Hustand. Parsonsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 1 hr.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a (b) Hypertension. — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1950, to date of death, that I last saw the deceased alive on 3-27-51, 19..., and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: Frank R Lewis — (Degree or title) M.D. — ADDRESS: Hallards Maryland — DATE SIGNED: 3-30-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: March 31-51 — NAME OF CEMETERY OR CREMATORY: Parsonsburg Cem. — LOCATION (City, town, or county) Parsonsburg Md. (State)

DATE REC'D BY LOCAL REG. 3-30-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: Holloway & Salisbury — ADDRESS: Md. Walter R. Holloway


RECEIVED
MAR 8 1951
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03088

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D Jamm

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Galestown.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	William	Bennett	3	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Dec 7 1892	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Painter	None	Ohio	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Bennett	Elizabeth Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	1917	714-17-6784	Mrs James Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330x **Immediate cause** (a) Sub arachnoid Hemorrhage — Interval between onset and death: 3 days.

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis & Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 3/4, 1951, to 3/6, 1951, that I last saw the deceased alive on 3/6, 1951, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lloyd R. Byrnes	M.D.	Salisbury, Md.	3-9-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/9/51	Galestown	Galestown	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-9-51	Mary W. Holloway	Paul J. Smith	Hartford, Md

56 4246

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03089

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): 26 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 23 ½ Lafayette Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Berkley	March	11	1957

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	unknown	3/15/1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Cardio Vascular Disease	Several yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) II Cerebro spinal, Syphilis	2/14/51 treatment
	(c) Arteriosclerosis, General	Several years

(3-22-51 - ams)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whilo at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/13, 1957, to 3/11, 1957, that I last saw the deceased alive on 3/11, 1957, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Axel A. Paas	M.D.	Deer's Head Hosp., Salisbury, Md.	3/11/57

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	3/15/1957	Brewer Hill	Annapolis	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-12-51	Mary M. Holloway	J. B. Johnson	Annapolis, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03090

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, (Rural) | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dees Mead Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Cecil COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) (Last) Berry

4. DATE OF DEATH (Month) Mch. (Day) 17 (Year) 1951

5. SEX M | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH 9-22-1876 | 9. AGE last birthday 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman | 10b. KIND OF BUSINESS OR INDUSTRY Crippled all his life | 11. BIRTHPLACE (State or foreign country) Cecil Co. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Richard Berry | 14. MOTHER'S MAIDEN NAME Jane Boldy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Hosp. Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis	6-8 yrs.
	(c) Arterio-sclerosis	10-12 yrs.

4/22/1 92d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14-, 1951 to 3-17-, 1951 that I last saw the deceased alive on 3-14-, 1951, and that death occurred at 7:55 A.M. m., from the causes and on the date stated above.

SIGNATURE J. G. McLeaman (Degree or title) M.D. ADDRESS Salisbury, Md. DATE SIGNED 3/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/22/51 | NAME OF CEMETERY OR CREMATORY Mt Door | LOCATION (City, town, or county) Conowingo Cecil (State) Md.

DATE REC'D BY LOCAL REG. 3-20-51 | REGISTRAR'S SIGNATURE Mary W Holloway | 24. FUNERAL DIRECTOR J. E. Tyson | ADDRESS Rising Sun Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
MAR 29 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03091

CERTIFICATE OF DEATH

Reg. Dist. No. 532

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 Hazel ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 208. Hazel ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Miller (Last) Brady

4. DATE OF DEATH: (Month) March (Day) 6 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Sept. 7. 1885

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Knitting Mill

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Brady

14. MOTHER'S MAIDEN NAME: Mary E. McGuick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

15. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. James J. Christian (sister) 208. Hazel ave Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 1 year

196x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

45d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to March 5, 1951, that I last saw the deceased alive on March 5, 1951, and that death occurred at 12.45a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.A. Rademacher MD 502 N. Elis St Salisbury Md 3/6/51

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF March 8-51 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): 2 miles N. of Northern Lane Phila. Pa.

DATE REC'D BY LOCAL REG. 3-7-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & C. Salisbury Md. — ADDRESS

Walter R. Holloway

770436

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03092

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury — LENGTH OF STAY (in this place): — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Delaware — COUNTY: N.C. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilmington — STREET ADDRESS (If rural give location): 309 N. Lake St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MICHAEL	ANGELO	CAGGIANO	3	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Apr. 3, 1876	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Mason	Construction	Italy	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Rosa M. Conley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns of face, chest & arms 2nd & 3rd° — Interval between onset and death: 9 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — 916.0 / 180

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. true

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Solar Jof	Salisbury	Wicomico	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
3	12	51	3 p m.			Burning trash - fainted & got burned

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J.A. Rademaker	M.D. Deputy Asst Coro	Salisbury Md	3/21/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3/24/51	Cathedral Cemetery	Wilmington	Del

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-22-51	Mary M. Holloway	The Hill & Johnson Co	

504246 Dodge C. Hill II

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03093

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnson Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Johnson Rd.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) CRAWford (Last) CAREY
4. DATE OF DEATH: (Month) 3 (Day) 15 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Apr. 27, 1879
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander J. Carey
14. MOTHER'S MAIDEN NAME: Elizabeth Winslow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Nellie C. Carey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular Disease.

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1948, to March 15, 1951; that I last saw the deceased alive on March 15, 1951, and that death occurred at 6:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Yeaman MD. 238 Camden Ave, Salisbury, Md 3/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/17/51 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 3-16-51 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR The Toby & Johnson Co ADDRESS

Burial Permit 10105

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for addition in 18 shown on: FAM No. G 131 MAR 27 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03094

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
LENGTH OF STAY (in this place) 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fruitland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Hettie (Middle) Lavinia (Last) Carroll

4. DATE OF DEATH (Month) 3 (Day) 17 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 1873

9. AGE last birthday 78 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Curtis Robinson

14. MOTHER'S MAIDEN NAME Emma Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Lilly, Barlow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart- Condition (Enlarged) (3/27/51 - ams)

4343 95c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/3, 19 51, to 3/13, 19 51, that I last saw the deceased alive on 3/13, 19 51, and that death occurred at 3/16 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M J Smith Princess Anne Dr 3-17-51

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF 3/20/51 | NAME OF CEMETERY OR CREMATORY Evergreen Cem. | LOCATION (City, town, or county) Berlin (State) Md.

DATE REC'D BY LOCAL REG. 3-19-51 | REGISTRAR'S SIGNATURE Mary W Holloway | 24. FUNERAL DIRECTOR Anna A. Burbage ADDRESS Berlin, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
MAR 21 1951
BUREAU V. D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03095

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) (Last) CONWAY

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 15, 1863

9. AGE last birthday: 87 yrs. If under 1 year: Months 9, Days 16; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Leonard

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Elsie Conway - Pittsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14th, 1951, to March 31st, 1951, that I last saw the deceased alive on March 31st, 1951, and that death occurred at 11:20 A. m., from the causes and on the date stated above.

SIGNATURE: Wilbur Emrich (Degree or title) M.D. ADDRESS: Pittsville, Md. DATE SIGNED: March 31, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 4/4/51 | NAME OF CEMETERY OR CREMATORY: Pittsville Church Cem. | LOCATION (City, town, or county) (State): Pittsville Md.

DATE REC'D BY LOCAL REG. 4-2-51 | REGISTRAR'S SIGNATURE: Mary M. Holloway | 24. FUNERAL DIRECTOR: C. D. Mason | ADDRESS: Bivalve, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03096

Reg. Dist. No. 335

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown; LENGTH OF STAY (in this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharptown; STREET ADDRESS (If rural, give location) Water St.

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) Ray (Last) Cooper

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11/18/1882 81

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Josepheus Phillips

14. MOTHER'S MAIDEN NAME: Mary Venables

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Ruth Bennett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X

180X **Immediate cause** (a) Carcinoma kidney

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

52 a (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes - chronic nephritis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to 3/16, 1951, that I last saw the deceased alive on 3/15, 1951, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.B. Kuhlman MD Sharptown, Md. 3/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3/20/51 | NAME OF CEMETERY OR CREMATORY: Freemans | LOCATION (City, town, or county) (State): Sharptown, Md.

DATE REC'D BY LOCAL REG.: 3/21/51 | REGISTRAR'S SIGNATURE: Wallis G. Mann | 24. FUNERAL DIRECTOR ADDRESS: Paul J. Smith, Sharptown, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03097

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron — LENGTH OF STAY (in this place) 32 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lillian St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Lillian St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Odell	James	Cordrey	March	31	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	W	M	4-3-1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Lumber Work	Mardela Springs, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Cordrey	Mary Ellen McAllister

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215 03 0182	Mrs. Marguerite Cordrey, Hebron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L A Rademacher	Deputy Medical Examiner	502 N. Division St. Salisbury, Md.	4/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4-3-51	Hebron Cemetery	Hebron	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-2-51	Mary W. Holloway	C. H. Messick, Birdsville, Md.	

970 VVV

MARYLAND STATE DEPARTMENT OF HEALTH

03098

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS E. Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) 4th St.

3. NAME OF DECEASED (Type or Print): (First) HENRIETTA (Middle) MARTIN (Last) DANIELS

4. DATE OF DEATH: (Month) 3 (Day) 10 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Oct. 15 1885

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): France

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John F. Martin

14. MOTHER'S MAIDEN NAME: Amelia Grier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Joseph Burke

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 10 hrs

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1950, to 3/9, 1951, that I last saw the deceased alive on 3/9, 1951, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE: H. K. Grannis — (Degree or title) MD — ADDRESS: Salisbury, Md. — DATE SIGNED: 3/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3/14/51 — NAME OF CEMETERY OR CREMATORY: Wico. Mem. Park — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG. 3-12-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Fell & Johnson Co. — ADDRESS: George C. Fell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03099

CERTIFICATE OF DEATH

Reg. Dist. No. 336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 306 Maryland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 306 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) Olen; (Middle) Monroe; (Last) Davis

4. DATE OF DEATH: (Month) March; (Day) 23; (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/12/1888

9. AGE last birthday: 62 yrs.
If under 1 year: Months; Days
If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Pa. Railroad

11. BIRTHPLACE (State or foreign country): Laurel, Del.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Davis

14. MOTHER'S MAIDEN NAME: Ida Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Irene Davis - Delmar, Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Thrombosis	3 weeks
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Essential hypertension	15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 7 pm., from the causes and on the date stated above.

SIGNATURE: Ernest M. Lamm (Degree or title) M.D. ADDRESS: Delmar, Del. DATE SIGNED: 3/24/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3/26/51
NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery
LOCATION (City, town, or county) (State): Delmar, Del.

DATE REC'D BY LOCAL REG.: 3/26/51
REGISTRAR'S SIGNATURE: Harry E. Hudson
24. FUNERAL DIRECTOR: W. S. Hazel Co - Delmar, Del. ADDRESS:

541/506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03100

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS (If rural, give location) Dilman Rd. Route 3

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Denson

4. DATE OF DEATH: (Month) March (Day) 22 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: March 22 - 1951

9. AGE last birthday: yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min. 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Salisbury md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Warden Odell Denson

14. MOTHER'S MAIDEN NAME: Pauline Wilma Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 0

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1951, to 3/22, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 4:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James M. Brennan M.D. Peninsula Gen. Hosp. 3/24/51

23. BURIAL, CREMATION, REMOVAL (Specify) ✓ DATE 3/23/51 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) Salisbury (State) md

DATE REC'D BY LOCAL REG. 3-23-51 REGISTRAR'S SIGNATURE Mary W Holloway

24. FUNERAL DIRECTOR None ADDRESS

20 322 1 381 120

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03101

CERTIFICATE OF DEATH

Reg. Dist. No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar - Rural
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Woodlawn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar - Rural
STREET ADDRESS (If rural, give location) Woodlawn

3. NAME OF DECEASED (Type or Print): (First) J. (Middle) William (Last) DeShields

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 15, 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Sussex County, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John DeShields

14. MOTHER'S MAIDEN NAME: Millie Coston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 222-09-3499

17. INFORMANT AND ADDRESS: Paul H. DeShields, Laurel, Delaware

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Diabetic Coma	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	4 yrs
	(c)	

260X
61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 27, 1951, to Mar 27, 1951, that I last saw the deceased alive on March 27 1951, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J H Eyrich

ADDRESS Delmar

DATE SIGNED Mar 29/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 30, 1951	Union Cemetery	Near Delmar, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 30, 1951	Harry E. Hudson	J.J. Frampton and Son	Federalsburg, Md.

820105

M

03102

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Rural
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Delmar Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) Delmar Road

3. NAME OF DECEASED (Type or Print) (First) Francis (Middle) Peter (Last) Dimond

4. DATE OF DEATH (Month) March (Day) 19th (Year) 1957

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 25 - 1876
9. AGE last birthday 71 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R.
10b. KIND OF BUSINESS OR INDUSTRY Conductor
11. BIRTHPLACE (State or foreign country) Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Dimond
14. MOTHER'S MAIDEN NAME Bridget Delmn Dimond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 3rd C. K. Infantry, Spanish
(Discharged May 2-1902)

16. SOCIAL SECURITY No. 205-14-1352

17. INFORMANT Leonard Dimond (Brother) 22. Blue Anchor Marlton N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Alcoholism	3 weeks
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

322.0
94a

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Clemont Fischer (Degree or title) M.E. ADDRESS 300 N Division St Salisbury Md. DATE SIGNED 3/19/57

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF April 4-57 — NAME OF CEMETERY OR CREMATORY Parsons Cem. — LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 4-3-57 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway Co. ADDRESS Salisbury Md.
Walter R. Holloway

203506

VS. A15A

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03103

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; MARYLAND; LENGTH OF STAY (in this place) 45 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Somerset~~ Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Elmer (Last) Disharoon

4. DATE OF DEATH: (Month) March (Day) 11 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 11, 1905

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Merchandising

11. BIRTHPLACE (State or foreign country): Quantico, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Disharoon

14. MOTHER'S MAIDEN NAME: Lillie Smoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Miss Ethel Dasharoon Quantico, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 10 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 502x 13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to March 11th, 1951, that I last saw the deceased alive on March 11th, 1951, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE: William Emmett (Degree or title) M.D. ADDRESS: Helen - Md. DATE SIGNED: March 12th/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 3-13-1951 | NAME OF CEMETERY OR CREMATORY: Quantico Cemetery | LOCATION (City, town, or county) (State): Quantico, Maryland

DATE REC'D BY LOCAL REG.: 3/23/51 | REGISTRAR'S SIGNATURE: Mary M. Holloway | 24. FUNERAL DIRECTOR: Elmer R. Wilson ADDRESS: Princess Anne, Maryland 29000

W D Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03104

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 W. London Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 107 W. London Ave.

3. NAME OF DECEASED (Type or Print): (First) ADALINE (Middle) White (Last) DOUGHERTY

4. DATE OF DEATH: (Month) 3 (Day) 22 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Feb. 22 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lee Brewington

14. MOTHER'S MAIDEN NAME: Charlotte Virginia White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: W. J. Dougherty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95c (b) Decompensation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1951, to 3/22, 1951, that I last saw the deceased alive on 3/22/51, 1951, and that death occurred at 1:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Wm B. Smith M.D. Salisbury Md. 3-22-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 3/24/51 | NAME OF CEMETERY OR CREMATORY Parsons Cemetery | LOCATION (City, town, or county) Salisbury (State) Md.

DATE REC'D BY LOCAL REG. 3-22-51 | REGISTRAR'S SIGNATURE Mary M. Holloway | 24. FUNERAL DIRECTOR ADDRESS The Neff & Johnson Co. George C. Neff Jr.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

MARYLAND STATE DEPARTMENT OF HEALTH

03105

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 E. Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) 106 E. Isabella St.

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) Nathan (Last) Fitch

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) ~~MARRIED~~
8. DATE OF BIRTH Aug. 15 1874
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Doctor
10b. KIND OF BUSINESS OR INDUSTRY Optometrist
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Nathan S. Fitch
14. MOTHER'S MAIDEN NAME Abbie Blackman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Nettye M. Fitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
450.0 Immediate cause	(a) Valvular Heart Disease	Unknown
92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-Sclerosis	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertrophy Prostate Gland	Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

I

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan - 1951, to Mar 14, 1951, that I last saw the deceased alive on Mar 2, 1951, and that death occurred at 6 20 P m., from the causes and on the date stated above.

SIGNATURE Geo R. Mann (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 3/15/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 3/17/51
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury, (State) Md.

DATE REC'D BY LOCAL REG. 3-16-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS
George C. Hill

070648

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for addition in 18 shown on:

CERTIFICATE OF DEATH

03106

FILM No. G 131 MAR 27 1951 FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Wicomico; STATE: Md MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; LENGTH OF STAY (in this place): 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 11 West Org Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury; STREET ADDRESS (If rural, give location): 11 Westover Drive

3. NAME OF DECEASED (Type or Print): (First) Olive; (Middle) G; (Last) Frazier

4. DATE OF DEATH: (Month) 3; (Day) 12; (Year) 19[illegible]

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar 12 1902

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Tyaskin Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Douglass

14. MOTHER'S MAIDEN NAME: Mary Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Vernon Frazier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Syphilitic Aneurysm of aorta and chronic nephritis (3/29/51 akc) — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 30d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

MEDICAL EXAMINER'S CERTIFICATE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [illegible] (Degree or title) Deputy Medical Examiner; ADDRESS: Salisbury, Md. 502 N. Division St; DATE SIGNED: 3/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 3-15-51; NAME OF CEMETERY OR CREMATORY: Tyaskin Cem; LOCATION (City, town, or county): Tyaskin Md (State)

DATE REC'D BY LOCAL REG. 3-13-51; REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: Booker M. West; ADDRESS: Salisbury Md

720836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03107

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Baby GORDY

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 807 W. Main St.

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Gordy
4. DATE OF DEATH: (Month) March (Day) 22 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: March 21-1951
9. AGE last birthday yrs. — If under 1 year: Months. Days 1 — If under 24 hrs.: Hours 11 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (State or foreign country): Salisbury Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME: Gracie Mabelene Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 0
17. INFORMANT AND ADDRESS: Gracie Madeline Gordy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

Antecedent cause(s)

776X 159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/21, 1951, to 3/22, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James M. Brennan M.D. Peninsula Gen. Hosp 3/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/28/51 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REG. 3-23-51 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS none

203 211 213 200

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

M

MARYLAND STATE DEPARTMENT OF HEALTH

03108 [illegible]

2411 N. Charles Street, Baltimore

616 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico Co — MARYLAND md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg md — LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg md.
STREET ADDRESS (If rural, give location) Parsonsburg md

3. NAME OF DECEASED (Type or Print): (First) Hester (Middle) Anne E. (Last) Gordy

4. DATE OF DEATH: (Month) 3 (Day) 3 (Year) 1951

5. SEX: female
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 5-15-1878
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Maid
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Parsonsburg md
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Salomon Trader
14. MOTHER'S MAIDEN NAME: Elizabeth Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Evelyn Boyd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
446x Immediate cause	(a) Cerebral hemorrhage	9 days
83a Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Renal Hypertension	Indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT, SUICIDE, HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1950, to March 3, 1951 that I last saw the deceased alive on March 3, 1951, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: [illegible] Purnell, M.D. (Degree or title) — ADDRESS: 800 W main St. Salisbury, md — DATE SIGNED: March 6, 1951

I

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-7-51 — NAME OF CEMETERY OR CREMATORY: Gloss Hill Cem — LOCATION (City, town, or county) Parsonsburg (State) md.

DATE REC'D BY LOCAL REG. 3-7-51 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Docker [illegible] — ADDRESS Salisbury md

220836

MARYLAND STATE DEPARTMENT OF HEALTH

03109

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~409~~ P.B. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) 409 Barclay St.

3. NAME OF DECEASED (Type or Print): (First) Carol (Middle) Jean (Last) Hearn

4. DATE OF DEATH: (Month) March (Day) 10 (Year) 51

5. SEX: female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: March 10 1947 — 9. AGE last birthday: 4 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None — 10b. KIND OF BUSINESS OR INDUSTRY: None — 11. BIRTHPLACE (State or foreign country): Bacon Delaware — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Harold W. Hearn — 14. MOTHER'S MAIDEN NAME: Virginia Littleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS: Mr. Harold W. Hearn Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 409 Barclay St. Salisbury Md.

			Interval Between Onset and Death
916.0	Immediate cause	(a) Burns of Entire Body	4 hrs
180	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Salisbury — (COUNTY): Wicomico — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 3 9 51 1:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? played with matches in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J.A. Rademaker — (Degree or title): MD — ADDRESS: 502 N. Allen Salisbury Md — DATE SIGNED: 3/12/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: March 13-51 — NAME OF CEMETERY OR CREMATORY: Fruitland Cem. — LOCATION (City, town, or county): Fruitland — (State): Md

DATE REC'D BY LOCAL REG. 3-13-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury — ADDRESS: Md.

Walter R. Holloway

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03110

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar; MARYLAND; LENGTH OF STAY (in this place) 3 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Friendly Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware; COUNTY Sussex; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar, Rt. # 2; STREET ADDRESS (If rural, give location) V

3. NAME OF DECEASED (Type or Print): (First) Christel (Middle) E. (Last) Horsey

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1951

5. SEX: F. M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 14 - 1886

9. AGE last birthday: 66 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: W. Robe Horsey

14. MOTHER'S MAIDEN NAME: Kate Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Walter Horsey - Hebron Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coma, due to carcinoma of Brain	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Breast	4 yrs
	(c)	

170 x 50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 1947 July 49

19b. MAJOR FINDINGS OF OPERATION: Removal of Breast, Necrosis Carcinoma of Gall

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1951, to Mar 13, 1951, that I last saw the deceased alive on Mar 12, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. H. Lynch — Delmar Del — Mar 27 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 3/15/51

NAME OF CEMETERY OR CREMATORY: Odd Fellows

LOCATION (City, town, or county) (State): Laurel Del.

DATE REC'D BY LOCAL REG. 4-11-51

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Riggin & Cooper

ADDRESS: Laurel, Delaware

058868

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 8 FilmG134 7/23/51 w.w.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03111

CERTIFICATE OF DEATH

Reg. Dist. No. 336

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Pine St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 205 Pine St.

3. NAME OF DECEASED (Type or Print) (First) OSCAR (Middle) (Last) HOTCHISON

4. DATE OF DEATH (Month) March (Day) 11 (Year) 19 51

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH (Month, Day, Year) Aug 28, 1878

9. AGE last birthday 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Kenton Del.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-09-2738

17. INFORMANT AND ADDRESS Charles Hutchison - Delmar, Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

580x Immediate cause (a) Acute yellow atrophy of liver — Interval between onset and death: 2 days

1250 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 19 51, to 3-11, 19 51, that I last saw the deceased alive on 3-11, 19 51, and that death occurred at 340 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Soller M.D. ADDRESS Delmar, Del. DATE SIGNED 3-12-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 3-14-51

NAME OF CEMETERY OR CREMATORY Greenlawn

LOCATION (City, town, or county) (State) Georgetown, Del.

DATE REC'D BY LOCAL REG. March 13, 1951

REGISTRAR'S SIGNATURE Harry E. Hudson

24. FUNERAL DIRECTOR ADDRESS G. S. Grant Co. Delmar Del.

541 506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03112

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) 194 Third Street

3. NAME OF DECEASED (Type or Print): (First) Harrison (Middle) (Last) Jackson

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 1957

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Unk.

11. BIRTHPLACE (State or foreign country): Guantico

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Kellop Jackson

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. 217-07-1471A

17. INFORMANT AND ADDRESS: Conolia Morris Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, Bilateral, Lobar — Interval Between Onset and Death: Symptom 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

470 x
108

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 23, 1957, to March 23, 1957, that I last saw the deceased alive on March 23, 1957, and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) David Gilmore M.D. ADDRESS Salisbury Md. DATE SIGNED March 23, 1957

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Mar-26 — NAME OF CEMETERY OR CREMATORY: Hunter — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG. 3-26-57 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Lewis R. Wilson ✓ — ADDRESS: 970 W.V. Princess Anne, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03113

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
LENGTH OF STAY (in this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) WESTLEY (Last) JENKINS

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Feb 22, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months — Days 25 If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Quantico, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William L. Jenkins

14. MOTHER'S MAIDEN NAME: — Cantwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Nora Jenkins — Bivalve, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ptomaine	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Common Bile Duct.	2 years
	(c)	

155X
46F

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Sept, 1948, to 19 March 1951, that I last saw the deceased alive on 19 March, 1951, and that death occurred at 5:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Roland H. Saunders	M D	Pocomoke Md	3/19/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	March 21, 1951	Wicomico Memorial Park Cem	Salisbury	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-20-51	Maryld. Holloway	C. T. Messick	Bivalve, Md.

100105


RECEIVED
MAR 22 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03114

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Priscilla, st

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Priscilla street

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) Virginia (Last) Jerman
4. DATE OF DEATH: (Month) March (Day) 20 (Year) 51
5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: March 21-1892
9. AGE last birthday: 59 yrs. — If under 1 year (If under 24 hrs. Hours / Min.): Months 11 / Days 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Willards Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John A. Downe
14. MOTHER'S MAIDEN NAME: Dolly Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mr. Edgar A. Jerman son 207 New York ave Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval Between Onset and Death: 4 yrs

420.0 Antecedent cause(s) (b) Arteriosclerotic Heart Disease — " "

934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Coronary Artery Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1947, to March 18, 1951, that I last saw the deceased alive on March 18, 1951, and that death occurred at 10.45 P.m., from the causes and on the date stated above.

SIGNATURE: David J. Gilmore — (Degree or title) M.D. — ADDRESS: Salisbury Maryland — DATE SIGNED: March 21, 1951

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE: March 23-51 — NAME OF CEMETERY OR CREMATORY: Wicomico Mem. Park. — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG. 3-23-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Gallen R. Holloway — ADDRESS: Salisbury Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03115

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ocean City Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wico.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) Ocean City Blvd.

3. NAME OF DECEASED (Type or Print): (First) CLEORA (Middle) PRETTYMAN (Last) KENNERLY
4. DATE OF DEATH: (Month) 3 (Day) 27 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 1, 1876
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Prettyman
14. MOTHER'S MAIDEN NAME: Emma Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Mrs. C. E. Minnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure.

345X 782 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple Sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1951, to 3-27, 1951, that I last saw the deceased alive on 3-27, 1951, and that death occurred at 10:9 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Clyde A. Insley — ADDRESS: Salisbury Md — DATE SIGNED: 3-30-51

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 3/29/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REG. 3-30-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR — ADDRESS: The Gill & Johnson Co. Inc. Clyde C. Tilghman


RECEIVED
MAR 18 1981
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03116

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Rural
STATE: MARYLAND
LENGTH OF STAY (in this place): Since 11/4/45
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pine Bluff State Hosp. Salisbury, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): ~~Route #3~~

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Bertha	May	Logan		March	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	Aug. 6, 1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Housewife		Worton, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William F. Woodmender	Sarah Holden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		--	Deceased on admission

Son? W. Robert Logan Galena Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis.	10 yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1947, to 3/1, 1951, that I last saw the deceased alive on 2/28, 1951, and that death occurred at 5^05 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S H Handle MD.		Salisbury Md.	3/1/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	MAR 3 1951	CHESTER CEM.	CHESTERTOWN KENT	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-1-51	Mary W. Holloway	J. Willis Wells	Chestertown Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

03117

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rutland
LENGTH OF STAY (In this place) 8 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frankford

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location) 3334 Lenar Dr. apt 7

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) Edgar (Last) Markley
4. DATE OF DEATH: (Month) 3 (Day) 11 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 19, 1898
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk
10b. KIND OF BUSINESS OR INDUSTRY: post office
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: John Jacob Markley
14. MOTHER'S MAIDEN NAME: Mabel Irene Montague

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY, NO. none
17. INFORMANT: Mrs Susan Markley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Sudden death

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. chronic phlebitis left leg — 1 year

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J.A. Rademaker M.D. 502 No Dew St Salisbury Md 3/11/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/14/51
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Bladensburg MD.

DATE REC'D BY LOCAL REG. 3-12-51
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co
ADDRESS Salisbury Md
George C. Hill Jr 39096

VS. A15A

Evidence for addition in #21 shown on:

FILM No. G 151 MAR 20 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03118

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural, give location): 4th St

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) W. (Last) Nottingham

4. DATE OF DEATH: (Month) March (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 6, 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Wyatt

14. MOTHER'S MAIDEN NAME: Susan Wyatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no / None

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Lee Miles, Pocomoke Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Fractured hip — Interval Between Onset and Death: 2wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Arteriosclerotic Cardiovascular Disease — Interval Between Onset and Death: X yrs.

(c): Generalized Arteriosclerosis — Interval Between Onset and Death: yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home (CITY OR TOWN): Pocom (COUNTY): Wor (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-16-51 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: Pt. fell (3/19/51 akc)

22. I hereby certify that I attended the deceased from 3-1, 1951, to 3-3, 1951, that I last saw the deceased alive on 3-3, 1951 and that death occurred at 10p m., from the causes and on the date stated above.

SIGNATURE: H.H.Brill (Degree or title): MD ADDRESS: 50 N Dunlop St. DATE SIGNED: 3-4-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/6/51

NAME OF CEMETERY OR CREMATORY: Salem M.E. Cemetery

LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG.: 3-7-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Henry S. Watson, Pocomoke Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03119

CERTIFICATE OF DEATH

Reg. Dist. No. 336

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar — LENGTH OF STAY (in this place) 60-yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Railroad Av.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural, give location) 216 Railroad Avenue

3. NAME OF DECEASED (Type or Print): (First) LULU (Middle) MAE (Last) PARKER
4. DATE OF DEATH: (Month) 3 (Day) 20 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-18-1890
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~Housewife~~
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Delmar, Del
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Archibald Elliott
14. MOTHER'S MAIDEN NAME: Amelia Catherine Gordy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: A. G. Parker - Delmar Del.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	3 days
592 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131	(b) Chronic glomerulo nephritis	5 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Accumulary anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

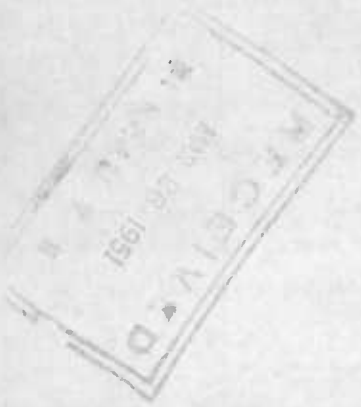
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to March 20, 19 51, that I last saw the deceased alive on March 20, 19 51, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. V. Soller M.D. ADDRESS Delmar, Md. DATE SIGNED 3-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 3-23-51
NAME OF CEMETERY OR CREMATORY: First Methodist
LOCATION (City, town, or county) (State): Delmar, Del.

DATE REC'D BY LOCAL REG.: March 23 1951
REGISTRAR'S SIGNATURE: Harry L. Hudson
24. FUNERAL DIRECTOR: W. S. Gaskill Co - Delmar Del
ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03120

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS P.H. Hoyt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; STREET ADDRESS 155 N. Salisbury Blvd. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lula (Middle) Hester (Last) Parsons

4. DATE OF DEATH: (Month) March (Day) 23 (Year) 19 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 11 1879

9. AGE: Last birthday 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Worcester Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Taylor

14. MOTHER'S MAIDEN NAME: Sarah Martha Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: J. Shelton Parsons (Son) 1429 E. William St. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Common Bile Duct — Interval Between Onset and Death: 3 weeks

155x

Antecedent cause(s)

46f

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951, to March 23 1951, that I last saw the deceased alive on March 22, 1951, and that death occurred at 2.15 P. m., from the causes and on the date stated above.

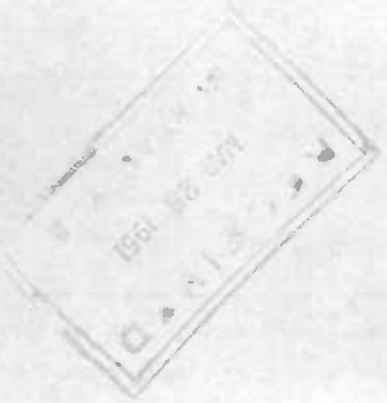
SIGNATURE Dan Gibson (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED March 23 1951

23. BURIAL, CREMATION, REMOVAL (Specify) DATE March 26-51 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury (State) Md

DATE REC'D BY LOCAL REG. 3-26-51 REGISTRAR'S SIGNATURE Maryl W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.

Walter R. Holloway



Mann

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03121

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wycomico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — MARYLAND — LENGTH OF STAY (in this place) 88 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wico — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — STREET ADDRESS (If rural, give location) Rt. #1

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) LEE (Last) POLLITT

4. DATE OF DEATH: (Month) 3 (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 4, 1871

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Irving Pollitt

14. MOTHER'S MAIDEN NAME: Ann Maria Ralph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Ralph Pollitt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0 Immediate cause (a) Valvular Heart Disease — Interval Between Onset and Death: 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 186a (b) Arterio-Sclerosis — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fall and never recovered shock of same — 12 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.45, to March 21, 51, 19....., that I last saw the deceased alive on March 20, 51, 19....., and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE: Hence R Mann — (Degree or title) M.D. — ADDRESS: Salisbury Md — DATE SIGNED: 3/23/51

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 3/23/51 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county): Salisbury — (State): Md.

DATE REC'D BY LOCAL REG.: 3-24-51 — REGISTRAR'S SIGNATURE: Mary W. Holloway — 24. FUNERAL DIRECTOR: The Guy & Johnson Co. — ADDRESS: Burbage C. Tull — 100105

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03122

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) River View Nursing Home

3. NAME OF DECEASED (Type or Print): (First) Lucas (Middle) (Last) Rados.

4. DATE OF DEATH: (Month) March (Day) 12 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 10/3/1878

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Arteriosclerotic Cardiovasc. disease — Interval between onset and death: years

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, General — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis of kidneys

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1951, to 3/12, 1951, that I last saw the deceased alive on 3/12, 1951, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas M.D. Deer's Head State Hosp, Salisbury Md. 3/12/51.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF March 15-51 NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) Salisbury Maryland (State)

DATE REC'D BY LOCAL REG. 3-15-51 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & E. Salisbury ADDRESS Md.

Walter K. Holloway

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03123

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pittsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) H. (Last) Rounds

4. DATE OF DEATH: (Month) March (Day) 7 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 16 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Pittsville Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Rounds

14. MOTHER'S MAIDEN NAME: Sallie Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. **(If yes, give war or dates of service)**:

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Annie D. Rounds (Wife) Pittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion.	5 minutes.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 to 4 yrs
	(c) Hypertension	2 to 4 yrs.

450.1
940

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 1948, 19..., to 3-1, 1951, that I last saw the deceased alive on 3-1-51, 19..., and that death occurred at 7.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank T. Lewis M.D. ADDRESS: Willards Md. DATE SIGNED: 3-9-51

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF: March 11-51

NAME OF CEMETERY OR CREMATORY: Pittsville Cem.

LOCATION (City, town, or county) (State): Pittsville Md.

DATE REC'D BY LOCAL REG.: 3-9-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Holloway & Co. Salisbury Md. Walter R. Holloway

ADDRESS:

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK: Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03124

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico — STATE Md (MARYLAND)
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md — LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1018 Delaware St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury Md.
STREET ADDRESS (If rural, give location) 1018 Del. St

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mard	L.	Savage	3	11	1951

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Col.	Married	July 1900	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Hand	None	Marksville Va	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dennis Savage	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	216-16-5389	Ethel Savage. Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of rectum	1 Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

154x
46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7/29/50		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/17, 1950, to 3/11, 1951, that I last saw the deceased alive on 3-11, 1951, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. A. Lankford	MD	502 N. Division St; Salisbury, Md.	3/13/51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	3-14-51	Mossville Cem.	Mossville	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-13-51	Mary W. Holloway	Booker McVeety	Salisbury Md.

69 VW

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03125

CERTIFICATE OF DEATH

Reg. Dist. No. 332

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pesterville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pesterville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) (Last) STEWART

4. DATE OF DEATH: (Month) March (Day) 15 (Year) 1951

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Feb. 12, 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months 1 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm hand

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Sharptown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: James Stewart

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Ruth Greene 9 Thompson St. Atlantic City, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage. — Interval between onset and death: 6 hours

331X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension. — 3 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 March 1951, to 15 March 1951, that I last saw the deceased alive on ....., 19..., and that death occurred at 6 AM m., from the causes and on the date stated above.

SIGNATURE Roland W. Bounds (Degree or title) M.D. ADDRESS Pocomoke Md. DATE SIGNED 3/16/51

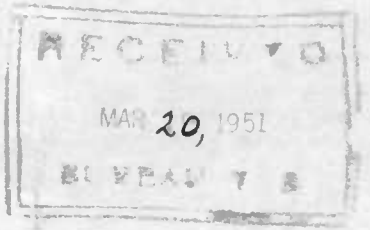
After consultations with Resident Examiner.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 3/18/51 — NAME OF CEMETERY OR CREMATORY Sharptown Cemetery — LOCATION (City, town, or county) Sharptown (State) Md.

DATE REC'D BY LOCAL REG. 3-17-51 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR C. S. Messick ADDRESS Bivalve, Md.

820105


RECEIVED
MAR 20, 1951

M

The correct age Supply every item of information carefully. PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. is especially important.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03126

Reg. Dist. No.

D Gilmore

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chance.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Fred (Middle) (Last) Stewart

4. DATE OF DEATH (Month) March (Day) 5 (Year) 1951

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Unknown

8. DATE OF BIRTH Not Obtainable

9. AGE last birthday 69 yrs. If under 1 year: Months Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ordinary Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Chance Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Stewart

14. MOTHER'S MAIDEN NAME Sally Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Arthur Wilson Chance Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Insufficiency	1 month
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	" "
93d	(c) Hypertension, Essential	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-1, 1951 to 3-5, 1951, that I last saw the deceased alive on 3-5 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE David Gilmore M.D. (Degree or title) ADDRESS Salisbury Md. DATE SIGNED March 6 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE 3/7/51 NAME OF CEMETERY OR CREMATORY Chance Md LOCATION (City, town, or county) (State) Chance

DATE REC'D BY LOCAL REG. 3/12/51 REGISTRAR'S SIGNATURE Lola T Wheatley

24. FUNERAL DIRECTOR R. G. Webster ADDRESS Deal Island

VS. AF5

T

970 VVV

MARYLAND STATE DEPARTMENT OF HEALTH

03127

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela; STREET ADDRESS R.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Harlen (Last) Twilley

4. DATE OF DEATH: (Month) March (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 24 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): R.D. Mardela Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph P. Twilley

14. MOTHER'S MAIDEN NAME: Hester Ann Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Minnie B. Twilley (Wife)

18. MEDICAL CERTIFICATION: R.D. # Mardela Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x

Immediate cause (a) Acute Cardiac Congestion — Interval Between Onset and Death: 4 days.

83a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteria Sclerosis — ?

(c) Cerebral Hemorrhage - Hypertension — 8 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1950, to Mar 9 1951, that I last saw the deceased alive on Mar 8 1951, and that death occurred at 955 P m., from the causes and on the date stated above.

SIGNATURE: A.S. Kirkham (Degree or title) M.D. ADDRESS: Sharptown Md DATE SIGNED: Mar 10 1951

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF: March 12 51 | NAME OF CEMETERY OR CREMATORY: Mardela Cem. | LOCATION (City, town, or county): Mardela (State): Maryland

DATE REC'D BY LOCAL REG. 3-13-51 | REGISTRAR'S SIGNATURE: Mary W. Holloway | 24. FUNERAL DIRECTOR: Holloway & Salisbury | ADDRESS: Mardela Md.

Walter R. Holloway 100105

MARYLAND STATE DEPARTMENT OF HEALTH

03128

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela Springs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Henry	Waller	March	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	Oct. 29, 1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laborer	Farm	Wicomico County, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Waller	Olevia (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	Mrs. Payge Pinkett, Mardela, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

4/20/51
9da

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
[signature]	Deputy Medical Examiner; Salisbury, Md.	3/13/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 15, 1951	Methodist Cemetery	Mardela Springs, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 15, 1951	Mary M. Holloway	J.J.Framptom and Son, Federalsburg, Md.

3-21-51

820105

VS. A15A

S Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03129

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fenwood; STREET ADDRESS (If rural, give location) ✓
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Webster	4. DATE OF DEATH (Month) (Day) (Year): March 17 1951
5. SEX: male; 6. COLOR OR RACE: white; 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify); 8. DATE OF BIRTH: 3-17-51; 9. AGE last birthday yrs.; If under 1 year Months. Days; If under 24 hrs. Hours: 3 Min.: 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country): Salisbury, Md.; 12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME: Leon David Webster; 14. MOTHER'S MAIDEN NAME: Edith Curtis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service); 16. SOCIAL SECURITY No.; 17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
765.5 Immediate cause (a) Prematurity.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature rupture of membranes & premature labor. 760C	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1951, to 3-17, 1951, that I last saw the deceased alive on 3-17, 1951, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
x Stedman W. Smith	M.D. C.M.	Salisbury Md	3.18.51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
✓	3/18/51	Peninsula General Hospital	Salisbury Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-19-51	Mary W. Holloway	Peninsula General Hospital	Salisbury, Md.

2031713041281

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03130

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke; STREET ADDRESS (If rural, give location) R7 B ✓

3. NAME OF DECEASED (Type or Print): (First) Hall (Middle) (Last) Wright

4. DATE OF DEATH: (Month) March (Day) 8 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Canning

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Annie Wright R7D1, Pocomoke, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Diabetes Mellitus

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/6, 1951, to 3/8, 1951, that I last saw the deceased alive on 3/7, 1951, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lloyd R. Cramer M.D. Salisbury, Md 3/9/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/11/51

NAME OF CEMETERY OR CREMATORY: Hall's Hill Cemetery

LOCATION (City, town, or county) (State): Pocomoke, Md

DATE REC'D BY LOCAL REG. 3-9-51

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS: Henry H. Watson, Pocomoke, Md.

690408